

**NASBLA**  
National Association of State Boating Law Administrators  
**Expense Report Form**

(Instructions Page 2)

Select one (type "x"):

☐ Advance  
☒ Reimbursement

**Submitted by:**  
Name Raynor Tsuneyoshi  
Agency CA Dept. of Boating and Waterways  
Address 2000 Evergreen Street, Suite 100  
City, State, Zip Sacramento, CA 95815-3888  
Phone 916-263-4326  
Email [rtsuneyoshi@dbw.ca.gov](mailto:rtsuneyoshi@dbw.ca.gov)

**Payable to:**  
Name Raynor Tsuneyoshi  
Agency CA Dept. of Boating and Waterways  
Address 2000 Evergreen Street, Suite 100  
City, State, Zip Sacramento, CA 95815-3888  
Phone 916-263-4326  
Email [rtsuneyoshi@dbw.ca.gov](mailto:rtsuneyoshi@dbw.ca.gov)

**Purpose at a glance:**  
Name Raynor Tsuneyoshi  
Agency CA Dept. of Boating and Waterways  
Trip dates Start on 26-Oct-09 End on 30-Oct-09  
Purpose Attend NASBLA Board Meeting

**Expenses at a glance:**  
Total trip days 5  
Transportation Expense \$906.30  
Other\* Expense \$0.00  
Lodging Expense \$0.00  
Meal Expense \$302.03  
TOTAL EXPENSES ON TRIP \$1,208.33

Date	From (origin)	Transportation			\$	Lodging		Meals & Incidentals				Other*
		Departure Time	To (destination)	Arrival Time		\$		Breakfast	Lunch	Dinner	Incidentals	\$
26-Oct-09	Sacramento	6:20 AM	Lexington, KY	4:19 PM	\$60.00	\$0.00		0	0	0	\$5.00	\$65.00
27-Oct-09						\$0.00		0	\$15	\$31	\$5.00	\$51.00
28-Oct-09						\$0.00		0	\$15	\$31	\$5.00	\$51.00
29-Oct-09						\$0.00		0	0	\$31	\$5.00	\$36.00
30-Oct-09	Lexington, KY	8:00 AM	Arlington, VA	9:29 AM	\$846.30	\$0.00		0	0	\$154	\$5.00	\$1,005.33

\$906.30 \$0.00 \$0.00 \$30.00 \$247.03 \$25.00 \$1,208.33

\*Other includes transportation costs: taxi, bus, train, parking, tolls, tips, etc. (please describe below)

Shuttle-\$20.00  
Airline-\$846.30 \$846.30 to be reimbursed to DBW by employee  
Baggage-\$40.00

- \$846.30  
Total due \$362.03

(FOR OFFICE USE ONLY) Approved for payment:

Code:  
Date:

Certification: I hereby certify that the listed expenses were incurred on behalf of NASBLA and that no other reimbursement is being claimed from any other

Signed by:  
Date:

TRAVEL VOUCHER OR SUBVOUCHER					
<div>Read Privacy Act Statement, Penalty Statement, and Instructions on back before completing form. Use typewriter, ink, or ball point pen. PRESS HARD. DO NOT use pencil. If more space is needed, continue in remarks.</div>					
1. PAYMENT		SPLIT DISBURSEMENT: The Paying Office will pay directly to the Government Travel Charge Card (GTCC) contractor the portion of your reimbursement representing travel charges for transportation, lodging, and rental car if you are a civilian employee, unless you elect a different amount. Military personnel are required to designate a payment that equals the total of their outstanding government travel card balance to the GTCC contractor.			
<input checked="" type="checkbox"/> Electronic Fund Transfer (EFT)					
<input type="checkbox"/> Payment by Check		Pay the following amount of this reimbursement directly to the Government Travel Charge Card contractor: \$ _____			
2. NAME (Last, First, Middle Initial) (Print or type)		3. GRADE	4. SSN	5. TYPE OF PAYMENT (X as applicable)	
Tsuneyoshi, Raynor		CIV	[REDACTED]	<input checked="" type="checkbox"/> TDY <input type="checkbox"/> PCS Member/Employee <input type="checkbox"/> Other <input type="checkbox"/> DLA Dependent(s)	
6. ADDRESS. a. NUMBER AND STREET		b. CITY	c. STATE	d. ZIP CODE	
2000 Evergreen Street, Suite 100		Sacramento	CA	95815-3888	
e. E-MAIL ADDRESS					10. FOR D.O. USE ONLY
7. DAYTIME TELEPHONE NUMBER & AREA CODE		8. TRAVEL ORDER/AUTHORIZATION NUMBER		a. D.O. VOUCHER NUMBER	
916-263-4326		11-10-G80MBS029000			
11. ORGANIZATION AND STATION					b. SUBVOUCHER NUMBER
NBSAC, Washington, DC					
12. DEPENDENT(S) (X and complete as applicable)			13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS (Include Zip Code)		
<input type="checkbox"/> ACCOMPANIED <input checked="" type="checkbox"/> UNACCOMPANIED					
a. NAME (Last, First, Middle Initial)	b. RELATIONSHIP	c. DATE OF BIRTH OR MARRIAGE			
			14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (X one) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (Explain in Remarks)		
15. ITINERARY					
a. DATE	b. PLACE (Home, Office, Base, Activity, City and State; City and Country, etc.)				
2009					
10/30	DEP	Lexington, KY to Reagan Airport	CP		
10/31	ARR	NBSAC meeting, Arlington, VA			
	DEP				
11/1	ARR	NBSAC meeting, Arlington, VA			
	DEP				
11/2	ARR	NBSAC meeting, Arlington, VA			
	DEP				
	ARR				
11/3	DEP	Reagan Airport to Sacramento, CA	CP		
11/3	ARR	Sacramento, CA			
	DEP				
	ARR				
	DEP				
	ARR				
16. POC TRAVEL (X one)			17. DURATION OF TRAVEL		
<input checked="" type="checkbox"/> OWN/OPERATE <input type="checkbox"/> PASSENGER			12 HOURS OR LESS		
			MORE THAN 12 HOURS BUT 24 HOURS OR LESS		
			X MORE THAN 24 HOURS		
18. REIMBURSABLE EXPENSES			(4) Dependent Travel		
a. DATE	b. NATURE OF EXPENSE	c. AMOUNT	d. ALLOWED	(5) DLA	
10/30/09	Taxi	30.00		(6) Reimbursable Expenses	
10/30/09	Excess baggage	40.00		(7) Total	0.00
11/3/09	Taxi	26.00		(8) Less Advance	
11/3/09	Shuttle	20.00		(9) Amount Owed	
11/3/09	Excess baggage	40.00		(10) Amount Due	
19. GOVERNMENT/Deductible MEALS					
a. DATE	b. NO. OF MEALS	a. DATE	b. NO. OF MEALS		
20. CLAIMANT SIGNATURE					
[REDACTED]				b. DATE	11/16/09
c. REVIEWER'S PRINTED NAME		d. REVIEWER SIGNATURE		e. TELEPHONE NUMBER	f. DATE
Jeff Ludwig				202-372-1061	
21.a. APPROVING OFFICIAL'S PRINTED NAME		b. SIGNATURE		c. TELEPHONE NUMBER	d. DATE
Don Kerlin				202-372-1054	
22. ACCOUNTING CLASSIFICATION					
Accounting String: 2/M/001/199/30/0/BS/70400/2109					
23. COLLECTION DATA					
24. COMPUTED BY		26. TRAVEL ORDER/AUTHORIZATION POSTED BY		28. AMOUNT PAID	
26. AUDITED BY		27. RECEIVED (Payee Signature and Date or Check No.)			

**Travel & Expense Account  
Transmittal Sheet**

**After Approval, Mail Receipts To**

DBW HQ  
2000 EVERGREEN ST, SUITE 100  
SACRAMENTO, CA 95815-3888



Employee Name	TSUNEYOSHI, Raynor
Expense Dates	10/06/09-10/09/09
Total Expense Amount	388.91
Amount Due Employee	388.91
Form ID	TEA000525434

**DIRECTIONS FOR SUBMISSION**

1. *Attach the following receipts, and other appropriate documentation to this Transmittal Sheet.*

	Date	Expense Item	Amount	If not submitted - Explain
1)	10/06	Lodging	94.97	
2)	10/07	Lodging	94.97	
3)	10/08	Lodging	94.97	

2. *Forward Transmittal Sheet and attached documentation through your approval process.*

I have reviewed the following documents.

Approved  
by:



## Travel & Expense Account Summary

Employee Name Raynor TSUNEYOSHI  
Expense Dates 10/06/09-10/09/09  
Report Name CA Marine Affairs & Navigation Conference  
(CMANC)

Request Total \$ 388.91  
Direct Charge Total - 0.00  
Travel Advances - 0.00  
Net Due Employee = **388.91**

### Trip Totals

Trip/Expense Category	Trip Name	Total Amount
Regular Travel	CMANC Conf.	388.91

NOTE: (d)=Direct Charge

DATE	Tue Oct 6	Wed Oct 7	Thu Oct 8	Fri Oct 9						TOTAL
Lodging	94.97	94.97	94.97							284.91
Dinner	18.00	18.00	18.00							54.00
Lunch		10.00	10.00							20.00
Breakfast		6.00	6.00	6.00						18.00
Incidentals		6.00	6.00							12.00
<b>TOTALS \$</b>	<b>112.97</b>	<b>134.97</b>	<b>134.97</b>	<b>6.00</b>						<b>388.91</b>

## Travel & Expense Account Summary & Detail

Trip/Expense Category	Trip Name	Date	Expense Item	Amount	Payment Type
Regular Travel	CMANC	10/06/09	Lodging	94.97	Cash
Regular Travel	CMANC	10/06/09	Dinner	18.00	Cash
Regular Travel	CMANC	10/07/09	Lodging	94.97	Cash
Regular Travel	CMANC	10/07/09	Dinner	18.00	Cash
Regular Travel	CMANC	10/07/09	Lunch	10.00	Cash
Regular Travel	CMANC	10/07/09	Breakfast	6.00	Cash
Regular Travel	CMANC	10/07/09	Incidentals	6.00	Cash
Regular Travel	CMANC	10/08/09	Lodging	94.97	Cash
Regular Travel	CMANC	10/08/09	Dinner	18.00	Cash
Regular Travel	CMANC	10/08/09	Lunch	10.00	Cash
Regular Travel	CMANC	10/08/09	Breakfast	6.00	Cash
Regular Travel	CMANC	10/08/09	Incidentals	6.00	Cash
Regular Travel	CMANC	10/09/09	Breakfast	6.00	Cash

**Travel & Expense Account  
Transmittal Sheet**

**After Approval, Mail Receipts To**

DBW HQ  
2000 EVERGREEN ST, SUITE 100  
SACRAMENTO, CA 95815-3888



Employee Name	TSUNEYOSHI, Raynor
Expense Dates	10/12/09-10/24/09
Total Expense Amount	427.57
Amount Due Employee	427.57
Form ID	TEA000539421

**DIRECTIONS FOR SUBMISSION**

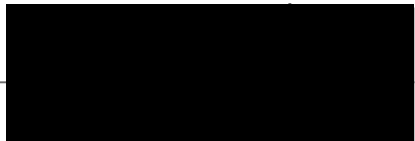
1. *Attach the following receipts, and other appropriate documentation to this Transmittal Sheet.*

	Date	Expense Item	Amount	If not submitted - Explain
1)	10/12	Lodging	101.19	
2)	10/13	Lodging	101.19	
3)	10/14	Lodging	101.19	

2. *Forward Transmittal Sheet and attached documentation through your approval process.*

I have reviewed the following documents.

Approved  
by:



# **Travel & Expense Account Summary**

Employee Name Raynor TSUNEYOSHI  
Expense Dates 10/12/09-10/24/09  
Report Name CAHMPC Conference

Request Total \$ 427.57  
Direct Charge Total - 0.00  
Travel Advances - 0.00  
Net Due Employee = 427.57

Trip Totals		
Trip/Expense Category	Trip Name	Total Amount
Regular Travel	PICYA	10.00
Regular Travel	CeNCOOS Mtg	10.00
Regular Travel	CAHMPC Conf.	407.57

PICYA=Pacific Inter-Club Yacht Association.

NOTE: (d)=Direct Charge CeNCOOS=Central & Northern CA Ocean Observing System.

CAHMPC=CA Association of Harbors Masters & Port Captains.

DATE	Mon Oct 12	Tue Oct 13	Wed Oct 14	Thu Oct 15						TOTAL
Lodging	101.19	101.19	101.19							303.57
Lunch	10.00	10.00								20.00
Dinner	18.00	18.00	18.00							54.00
Breakfast		6.00		6.00						12.00
Incidentals		6.00	6.00	6.00						18.00
<b>TOTALS \$</b>	<b>129.19</b>	<b>141.19</b>	<b>125.19</b>	<b>12.00</b>						<b>407.57</b>

DATE	Tue Oct 20									TOTAL
Bridge Tolls	4.00									4.00
Breakfast	6.00									6.00
<b>TOTALS \$</b>	<b>10.00</b>									<b>10.00</b>

# **Travel & Expense Account Summary**

DATE	Sat Oct 24									TOTAL
Bridge Tolls	4.00									4.00
Breakfast	6.00									6.00
TOTALS \$	10.00									10.00



# **Travel & Expense Account Summary & Detail**

Trip/Expense Category	Trip Name	Date	Expense Item	Amount	Payment Type
Regular Travel	CAHMP	10/12/09	Lodging	101.19	Cash
Regular Travel	CAHMP	10/12/09	Lunch	10.00	Cash
Regular Travel	CAHMP	10/12/09	Dinner	18.00	Cash
Regular Travel	CAHMP	10/13/09	Lodging	101.19	Cash
Regular Travel	CAHMP	10/13/09	Breakfast	6.00	Cash
Regular Travel	CAHMP	10/13/09	Lunch	10.00	Cash
Regular Travel	CAHMP	10/13/09	Dinner	18.00	Cash
Regular Travel	CAHMP	10/13/09	Incidentals	6.00	Cash
Regular Travel	CAHMP	10/14/09	Lodging	101.19	Cash
Regular Travel	CAHMP	10/14/09	Dinner	18.00	Cash
Regular Travel	CAHMP	10/14/09	Incidentals	6.00	Cash
Regular Travel	CAHMP	10/15/09	Incidentals	6.00	Cash
Regular Travel	CAHMP	10/15/09	Breakfast	6.00	Cash
Regular Travel	CeNCOOS	10/20/09	Bridge Tolls	4.00	Cash
Regular Travel	CeNCOOS	10/20/09	Breakfast	6.00	Cash
Regular Travel	PICYA	10/24/09	Bridge Tolls	4.00	Cash
Regular Travel	PICYA	10/24/09	Breakfast	6.00	Cash